CLAIMS ONLY								Application Number Filing Date Applicant(s)						
							* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*		
	Indęp	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depe
1								51				ļ		
2								52					ļ	<u> </u>
3								53 54				-	-	
5					-	1		55				 	-	
. 6							1	56						_
7		-				\vdash		57				 	t	
8		1	-			1		58				<u> </u>	Ì	
9		1				† · · · · · ·		59					Ī	1
10								60						
11								61						
12								62						
13								63						
14								64						L
15		_ ',/ _						65						<u> </u>
16								66						<u> </u>
17	,					\vdash		67				ļ		Ь—
18		 						68				ļ	-	<u> </u>
19		1			<u> </u>			69				ļ	.	Ь—
20 21						\vdash		70 71				-	-	⊢—
22								72					-	├
23		7				\vdash		73			,		-	┝
24		1					1	74				<u> </u>	-	1
25		, 	-			 		75			-	 	t	\vdash
26		1				 		76				-	†	
27		 						77	'			†		
28								78						
29							ľ	79						
30								80						
31								81						
32		-						82						
33								83				`		
34								84		***				L
35								85						ļ
36					<u> </u>	 		86				<u> </u>	 	
37 38			-	•		<u> </u>		87 88				 		<u> </u>
39			 		—	\vdash		88				 	 	
40			—			\vdash		90			ļ			
41			 		-	<u> </u>		91		-		 		
42						 		92				 	 	\vdash
43								93				\vdash		
44								94						\vdash
45						†		95				†	†	
46						\vdash		96			—			
47					*******			97						T
48								98						T
49								99						
50								100					L	
Total)	1						Total						Ī
Indep						J		Indep]	L	
Total	7		◀	┌	◀	├	1	Total	◀		▼	—	◀	_
Depend						,——		Depend					├	
Total Claims	71			l		1 1		Total Claims			I	l	I	1

.